



In accordance with 1974 PA 93, and 1969 PA 287, as amended.

Riding Stable/Pet Shop/Animal Shelter Application

License Year Ending: _____ ☐ License No Longer Needed

If Renewal, License No. of Establishment(s): _____

Business Information

Business Name: _____

Business Address: _____

City: _____ State: _____

County: _____ Zip: _____

Business Phone: (____) _____ Business Fax: (____) _____

Business Email: _____

Mailing address if different from above: Street or P.O. Box: _____

Blank Space
For Official Use Only

City: _____ State: _____ County: _____ Zip: _____

Corporate/Owner Information (An assumed name certificate must accompany this application if applicable.)

Ownership Type: ☐ Corporation ☐ Sole Ownership ☐ Partnership ☐ L.L.C. ☐ Other: Specify _____

Corporation Name: _____

Owner/President (CEO) Name: _____

Street Address of Corporation or Owner: _____

City: _____ State: _____ County: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Emergency Contact: (____) _____ Cell Phone: (____) _____

Federal/Tax ID #

License Fees (Please indicate all that apply)

Animal Shelter

☐ Animal Protection Shelter*

☐ Animal Control Shelter**

No Fee

Pet Shop

☐ New: \$200

☐ Renewal: \$100

AOBJ: 0109

Riding Stable

☐ New: \$100

☐ Renewal: \$50

AOBJ: 0216

Payment Method:

Check/Money Order No. _____

Amount enclosed: _____

Please make check/money order payable to the State of Michigan and submit to the address at the top of the page.

I hereby certify that the statements given above are true and correct to the best of my knowledge. I agree to comply with the provisions of 1974 PA 93, to operate a Riding Stable and/or 1969 PA 287, to operate a Pet Shop or Animal Shelter, and Department of Agriculture regulations made pursuant thereto, and to make such records available to the Director of Agriculture, or a department representative, on demand.

Signature: _____ Date: _____

Please print your name here: _____

Title: _____

Application continues
on the back of this form

* Application must be signed by the President of the animal welfare society

** Application must be signed by Chairman of the Board of Commissioners, City Manager, or Mayor www.michigan.gov/mda-licensing

Veterinarian Information

Hospital Name:_____

Veterinarian Name(s):_____

Hospital Address:_____

City:_____ State: _____ County:_____ Zip:_____

Business Phone: (_____)_____